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HEREFORDSHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH

FOR THE YEAR

1956

HEALTH OF HEREFORDSHIRE 1956.

To the Chairman and Members of the County Council.

It is my privilege to present the Annual Report for the year 1956 on the health and health services in the county.

The vital statistics in the body of the report show that the health of the county has been reasonably satisfactory. The various rates are similar to the corresponding rates for England and Wales. The figures for maternal mortality are each year so small that no particular attention, perhaps, should be directed to them, but it is comforting to note that in 1956 in Herefordshire no woman lost her life in childbirth.

In writing a report of this nature I sometimes think that nearly as much value comes out of the effort of collecting and sifting the material on which it is based as is gained by reading the finished product. By carefully appraising the value of the problems which confront us and how we are dealing with them with the various services provided, it is good for us all to stand back and see at a distance the value of our work.

For example, there is only a very little improvement in the expectation of life of a man in middle age ; he has not shared in the tremendous improvements recorded for other groups of the population. This seems to be due to a steady increase in three conditions, that is in arterial disease with high blood pressure, bronchitis and cancer of the lung. Can any of these conditions, and ultimately causes of death, be prevented or even greatly influenced by the services which we provide ? Is there any real proof that anything of which we have knowledge can be used to reduce these risks ? If such proof was forthcoming, surely it would then be worth while embarking on a large health education programme, bringing to the notice of the age group concerned the particular hazard to which they are at special risk.

In the case of another age group, attention was drawn to the frequency of accidents in the home occurring to children under the age of five years. On information received from the hospitals it has been possible to arrange for health visitors to make visits in respect of children under the age of five years suffering as a result of accidents in the home. The health visitor has been able to advise the parents on steps to be taken to prevent similar accidents in the future. An unexpected development was that the health visitor herself gained some experience of the types of accidents likely to occur in the homes in the area in which she was actually working. From a list of such accidents actually occurring, it is indeed very striking how trivial, everyday happenings in the home may well lead to disaster.

The local health authority services play an important part in the efficient running of the National Health Service, and, generally speaking, are working smoothly on the lines laid down at the time of the inception of the scheme. Careful consideration was given to the " Report of the Committee of Enquiry into the Cost of the National Health Service " so far as it affected the services provided by the county council. It was gratifying to see that it was stated that the provision of the domiciliary health services is essentially a local authority function, and that it would be a mistake to transfer that function to any other authority. From the general tone of the report it seems that there is no service provided by the authority calling for revision on financial grounds. Certain branches of the work call for special comment. So far as the Care of Mothers is concerned, during the year conferences were held of consultants, general practitioners and your officers, to consider the present day ante-natal arrangements. These conferences showed a firm desire on the part of each of the three branches of the medical profession to co-operate in this important matter, and decisions were reached which will have the effect of ensuring the best and fullest attention to mothers ante-natally. A practical step forward has been the provision for the midwife of venules which she takes along to the family doctor so that he can take the necessary blood samples in pregnancy. This, in itself, is probably of more value than an over-elaborate scheme of record interchange. The Care of Children is undertaken largely through infant welfare centres. The voluntary workers at these centres perform yeoman service and relieve the staff for more professional duties. The Home Help Service continues to play an important part in the domiciliary care of the sick, aged and infirm. The services of a home help for a few hours each week may make just that bit of difference between the patient remaining at home and having to go to an institution. The work of a home help differs

in many ways from that of an ordinary daily woman. There is always a certificate from a doctor or midwife saying there is a health reason for her attendance. A home help needs special skill in addition to those she must possess as an ordinary housewife. She needs some acquaintance with simple invalid cooking, and sufficient knowledge of home nursing and first aid to cope with emergencies which may arise until professional help arrives.

The Ambulance Service depends for its efficiency on the driving and central staff, and I am glad to say that we are gradually building up a loyal and efficient staff. The older ambulances are slowly being replaced by more modern vehicles which have improved riding qualities, these are much appreciated by the patients. Mention must be made of the increase in the number of stretcher cases going by train. Patients so conveyed are picked up by ambulance, conveyed to a station and made comfortable in a compartment. Arrangements are made at the end of the journey for ambulance transport to take the patient from the station to hospital, or to home. If it is necessary, a volunteer escort accompanies the patient. It is generally accepted by the patients themselves that such journeys are more comfortable, are done in less time and are not so wearisome to the patient. From the point of view of the authority, it should be added that also it is cheaper. Consideration is being given to the whole-time personnel of the ambulance service, who are not at present holding superannuable appointments, being admitted to the superannuation scheme of the county council.

Tuberculosis is a diminishing problem, but it remains the duty of the local health authority to provide a scheme for prevention of the spread of infection, and for the care of patients and their families in their own homes. The field worker is the health visitor and she is brought into touch with tuberculosis cases which require a visit. When notification of a case is received by the district council, a copy of this notification is then sent on to the county council, and the chest physician usually sees the case personally, and after that, if he considers it to be necessary, a home visit is made by the health visitor. In addition to the health visitor, an after-care welfare officer is employed by the county council mainly on tuberculosis work. The after-care welfare officer sees new patients attending the chest clinic at the County Hospital, Hereford, and patients discharged from sanatoria are referred to her by the almoners of the sanatoria, provided that there is social need.

At the end of the year there were five milk pasteurising plants licensed by the county council. During the year applications for Dealers' (Pasteurisers) Licences were received in respect of two dairies which were granted. In the case of one plant a licence was refused and on appeal the Ministry of Agriculture, Fisheries and Food confirmed the decision of the county council. Changes have occurred in the methods of collection and distribution of milk to the consumer. More and more milk is collected from the farms, taken to a large wholesale dairy, where it is processed, bottled and finally distributed by the retailer.

Epileptics and spastics sometimes get some help from the authority. The ascertainment of both groups is far from complete : partly because both conditions grade gradually from the most severe through those slightly affected to the apparently normal person, partly because neither is notifiable and partly because, until recently, no general arrangements for care and assistance were in existence. Through the nursing service the majority of those under the age of five years are known ; similarly those in schools maintained by the authority are known. Of those over the age of sixteen years who have come to the knowledge of the county council as welfare authority, many require no assistance whatsoever.

I am most grateful to the members of the Committees for their valuable support and encouragement, and particularly to Alderman D. W. Hamlen-Williams who, as Chairman of the County Health Committee for the last six years, has done so much to make the County Health Services work, and to see that members of the general public know how these services can be called upon.

To all members of the staff, both professional and clerical, I give my sincere thanks for their help during the past year.

I am,

Yours faithfully,

J. S. COOKSON,

County Medical Officer.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET,
HEREFORD.

THE COUNTY HEALTH COMMITTEE

(as at 31st December, 1956)

ALDERMAN D. W. HAMLEN-WILLIAMS
(Chairman)

COUNCILLOR MRS. A. J. PASKE
(Vice-Chairman)

Aldermen :

W. J. BRAY, J.P.
W. DAVIES, J.P.

D. G. WATKINS

Councillors :

MRS. J. AINSLIE, J.P.
MRS. A. M. BARNEBY, J.P.
BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.
MRS. M. BUTLER
G. F. CHAMBERS, J.P.
R. H. CLUTTERBUCK
R. J. CROSS
MISS S. G. DUNNE
K. H. R. GIBBS
LT.-COMDR. G. GLENTON

R. H. K. JOYCE
G. H. LANGFORD
S. T. LAYTON
H. T. PATRICK
MRS. H. POOLE
R. W. P. ROFF
S. R. SOUTHALL
R. C. WILDING
MRS. M. J. WILLIAMSON
W. H. WRIGHT

Education Committee Representatives :

COUNCILLOR MRS. B. A. BARKER, J.P.

COUNCILLOR D. H. YEOMANS

Herefordshire Hospital Management Committee Representatives :

MISS P. GREENLAND, M.B.E.

MRS. H. S. ALLFREY

Local Executive Council Representatives :

MRS. E. FISH

DR. H. WARD-SMITH

Hereford City Council Representatives :

COUNCILLOR G. G. ELCOX

COUNCILLOR T. R. STEPHENS

COUNCILLOR W. H. BLUNDSTONE

COUNCILLOR MRS. W. PIGOTT

Co-opted Members :

MRS. L. H. GREEN

DR. G. D. TULLIS

* * *

THE PUBLIC HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1956)

COUNCILLOR W. H. WRIGHT
(Chairman)

COUNCILLOR S. R. SOUTHALL
(Vice-Chairman)

Aldermen :

A. E. BISHOP
W. DAVIES, J.P.
MAJOR J. R. H. HARLEY, D.L., J.P.

A. E. FARR, J.P.
D. W. HAMLEN-WILLIAMS
L. J. WEST, J.P.

Councillors :

MAJOR H. S. ALLFREY, J.P.
H. M. BARNEBY
BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.
G. F. CHAMBERS, J.P.
K. H. R. GIBBS
H. HUDSON
K. V. JAMES-MOORE

S. T. LAYTON
H. T. PATRICK
W. D. PORTER
P. P. J. POWELL, J.P.
T. L. STOKES
R. C. WILDING
MRS. M. J. WILLIAMSON

CONSTITUTION AND FUNCTIONS OF COMMITTEES ADMINISTERING LOCAL HEALTH SERVICES.

The local health services provided by the county council, as local health authority, under the National Health Service Act, 1946, are administered by the County Health Committee through appropriate sub-committees, to which functions have been given as follows :—

General Purposes Sub - Committee. To administer the functions of the local health authority under sections 21, 26 and 27, and other matters submitted for consideration by any of the following sub-committees, and also financial estimates of expenditure.

Mental Health Sub-Committee. To administer the functions of the local health authority under the Lunacy & Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-38.

Maternity & Child Welfare Sub-Committee. To administer the functions of the local health authority under sections 22, 23, 24, 25 and 29.

Care Sub-Committee. The care and after-care of tuberculosis patients and their families under section 28, provision of accommodation in convalescent homes, and health education.

There are no arrangements for decentralised management of particular local health services, or joint arrangements with other local health authorities.

Control, supervision and co-ordination of the services at officer level is adequately effected through the Deputy and Assistant County Medical Officers, of whom 3 are also District Medical Officers of Health. This covers the whole county area, with the exception of the Hereford Rural District Council, which has its own part-time District Medical Officer of Health.

National Assistance Acts 1948 and 1951.

The provisions of these Acts are administered by the County Welfare Committee.

COUNTY STAFF.

County Medical Officer of Health—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy County Medical Officer of Health—

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H. (Appointed 1/11/56.)

Assistant County Medical Officers of Health and School Medical Officers—

*W. HOGG, M.B., B.S., D.P.H.

*R. T. THOMSON, M.B., CH.B., D.P.H. (Resigned 6/7/56.)

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H. (Resigned 31/10/56.)

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

ISOBEL R. S. TROUP, M.B., CH.B., C.P.H., D.P.H.

†LOIS J. HOSKYNS-ABRAHALL, M.B., B.S., D.P.H. (Resigned 25/7/56.)

*Also District Medical Officers of Health.

†Temporary Appointment.

Chest Physician—

‡ T. V. R. PHILIP, M.B., D.P.H.

Assistant Chest Physician—

‡ R. M. BOVERI, L.R.C.P., L.R.C.S., L.R.F.P.S.

‡ Part-time by arrangement with Birmingham Regional Hospital Board

Supervisor of Midwives and Superintendent Nursing Officer—

MISS E. O. ROBERTS, S.R.N., S.C.M., M.T.D., H.V.

Nursing Staff—

In the County as at 31st December, 1956, there were 69 nurses. The rural areas are covered by nurses who undertake midwifery, home nursing and health visiting duties, whereas in the urban areas the duties are specialised.

Clerical Staff—

*Chief Clerk—*H. A. ROCK.

DISTRICT MEDICAL OFFICERS OF HEALTH.

Bromyard U.D.C.	}	DR. I. F. MACKENZIE (Acting).
„ R.D.C.		
Kington U.D.C.		
„ R.D.C.		
Leominster Borough		
Leominster & Wigmore R.D.C.	}	DR. WILLIAM HOGG
Weobley R.D.C.		
Dore & Bredwardine R.D.C.		
Ledbury U.D.C.		
„ R.D.C.		
Ross-on-Wye U.D.C.	}	DR. I. F. MACKENZIE
Ross & Whitchurch R.D.C.		
Hereford City		DR. R. WOOD POWER
Hereford R.D.C.		

GENERAL STATISTICS.

AREA 538,924 acres

DISTRICT	1953			1954			1955			1956		
	Live Births	Deaths	Pop.	Live Births	Deaths	Pop.	Live Births	Deaths	Pop.	Live Births	Deaths	Pop.
URBAN.												
Bromyard	23	20	1658	21	18	1670	28	19	1660	24	17	1670
Hereford City (M.B.) ...	515	367	32810	504	385	32720	544	370	32820	534	384	33190
Kington	28	22	1854	24	32	1860	50	40	1850	34	24	1840
Ledbury	64	47	3713	56	59	3760	59	62	3760	50	57	3730
Leominster (M.B.) ...	122	96	6120	103	89	6130	99	86	6120	99	101	6160
Ross-on-Wye	106	102	5285	93	98	5310	75	95	5320	84	100	5300
Total Urban Districts ..	858	654	51440	801	681	51450	855	672	51530	825	683	51890
RURAL.												
Bromyard	121	95	7055	126	111	7100	107	100	7140	115	92	7130
Dore and Bredwardine ...	166	90	8341	137	72	8340	126	109	8340	143	70	8320
Hereford	222	235	18030	237	230	16980	247	236	17360	282	201	17720
Kington	75	53	4937	81	62	4950	48	69	4880	48	59	4800
Ledbury	132	98	8688	121	89	8710	149	88	8680	148	94	8660
Leominster & Wigmore	176	114	10380	153	115	10240	131	110	10200	160	112	10130
Ross & Whitchurch ...	169	124	11790	168	126	11890	172	128	11850	176	137	11820
Weobley	148	84	6939	136	79	6940	158	72	6920	150	81	6930
Total Rural Districts ...	1209	893	76160	1159	884	75150	1138	912	75370	1222	846	75510
Total County	2067	1547	127600	1960	1565	126600	1993	1584	126900	2047	1529	127400

England and Wales.

	1953	1954	1955	1956
Live Births	682,007	673,212	664,711	699,059
Deaths	503,403	501,878	518,657	521,402

Population 44,667,000 approx. Reg.-Gen. estimates.

CARE OF MOTHERS AND YOUNG CHILDREN.

	1953	1954	1955	1956
Population	127,600	126,600	126,900	127,400
Live Births :				
Legitimate (M)	1,036	955	988	969
(F)	940	899	904	963
(T)	1,976	1,854	1,892	1,932
Illegitimate (M)	44	50	42	55
(F)	47	56	59	60
(T)	91	106	101	115
Total : Live Births	2,067	1,960	1,993	2,047
Still Births :				
Legitimate (M)	23	20	23	29
(F)	15	26	22	21
(T)	38	46	45	50
Illegitimate (M)	1	—	4	—
(F)	2	1	2	4
(T)	3	1	6	4
Total Still Births.....	41	47	51	54
Number of Infant Deaths	32	71	52	55
Number of Maternal Deaths	1	1	1	—

	1953		1954		1955		1956	
	County	Eng. & Wales	County	Eng. & Wales	County	Eng. & Wales	County	Eng. & Wales
Live Birth Rate	16.2	15.5	15.5	15.2	15.7	15.0	*17	15.7
Still Birth Rate	19.4	22.4	23.4	23.4	25	23.1	25.7	23
Illegitimacy Birth Rate	44	47	54	47	50.7	45	56.2	46
Infantile Mortality Rate	15.5	26.8	36.2	25.5	26	24.9	26.9	23.8
Maternal Mortality Rate .....	.47	.76	.49	.69	.49	.64	—	.56
Crude Death Rate	12.1	11.4	12.4	11.3	12.5	11.7	*10.7	11.7

*Compiled in accordance with area comparability factor.

Notification of Births, 1956.

	Live Births			Still Births			Confinements calculated from N.O.B.
	Single	Twin Babies	Total	Single	Twin Babies	Total	
At Home	880	9	889	15	1	16	900
Maternity Nursing Homes	69	—	69	—	—	—	69
Hospitals	1109	29	1138	36	3	39	1162
Grand Total	2058	38	2096	51	4	55	2131

Infant Mortality Rate.

Year	COUNTY.			England & Wales— Rate per 1,000 live births
	Live Births	Deaths under 1	Rate per 1,000 live births	
1947	2509	97	38.6	41
1948	2310	101	43.7	34
1949	2336	64	27.4	32
1950	2123	67	31.5	29.8
1951	2111	70	33.1	29.6
1952	2128	62	29.1	27.6
1953	2067	32	15.5	26.8
1954	1960	71	36.2	26.5
1955	1993	52	26.0	24.9
1956	2047	55	26.9	23.8

Infant Welfare Centres.

It will be seen from the following table that there are now seventeen infant welfare centres in the county. The centres are widely scattered and are thus able to cover the needs of most of the population in the area.

The day to day running of the majority of these centres, including the raising of money over and above that supplied in the form of small grants by the county council, is undertaken by voluntary committees, each with several honorary officers who, in many instances, have carried out this work for a number of years. The importance of the work done by the volunteers cannot be too highly praised and is very much appreciated by all concerned.

An Assistant County Medical Officer attends regularly at each session, examines children selected by the nurse and gives advice to the mothers.

Centres.	Sessions held per annum	No. of First Attendances under 1 year	No. who attended born in			Total No. of Children Attended	Attendances			Total
			1956	1955	1954- 1951		Under 1	1—2	2—5	
LOCAL HEALTH AUTHORITY—										
Belmont	104	118	113	110	168	391	1639	429	627	2695
Foxley	52	38	61	53	58	172	687	139	135	961
Hereford	104	253	217	198	100	515	2904	337	113	3354
Kingstone	52	46	34	35	77	146	469	145	219	833
Ledbury	24	32	24	33	38	95	428	168	240	836
Ross	104	107	88	87	153	328	935	215	172	1322
VOLUNTARY—										
Bartestree	12	13	12	22	49	83	79	53	37	169
Bromyard	26	33	31	23	14	68	297	71	53	421
Colwall	26	25	25	9	22	56	210	86	189	485
Dilwyn	11	3	2	5	13	20	15	42	58	115
Fownhope	12	6	5	11	36	52	33	53	55	141
Kington	26	46	40	44	43	127	456	44	27	527
Leominster	52	41	58	62	34	154	1097	257	73	1427
Pembridge	12	11	6	13	30	49	56	41	80	177
Shobdon	12	15	12	8	30	50	83	37	60	180
Ullingswick	11	17	11	19	28	58	91	51	84	226
Weobley	12	16	11	13	22	46	66	61	46	173
	652	818	750	745	915	2410	9545	2229	2268	14042

St. Martin's Day Nursery, Hereford.

Number of approved places		No. of children on register at the end of the year		Average daily attendance during the year	
0—2	2—5	0—2	2—5	0—2	2—5
10	25	10	25	8	19

The St. Martin's Day Nursery is approved under the nursery nurses training scheme. The nursery receives children of any age up to 5 years. In my opinion, children, at any rate under 3 years of age, should be looked after at home, wherever possible. Some, however, do require nursery accommodation, and priority is given as follows :—

- Mother is unable to look after the child owing to illness.
- Mother is unable to look after the child, *e.g.*, mother unmarried.
- Mother goes out to work in essential industry.
- On medical grounds—the child requires to be with other children.

Mother and Baby Homes.

Name and Address of Home	No. of beds	No. of cots	Number of admissions during the year.	Number of admissions in Col. (4) for which the Authority was responsible	Average length of stay in days	
					Ante Natal	Post Natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)
St. Martin's Home, Walnut Tree Avenue, Hereford	22	18	76	19	40.1	41.8

The following additional information in respect of St. Martin's Home, Hereford, is of interest :—

AGES OF MOTHERS ADMITTED :

14—16	.....	.....	.....	.....	.....	3
17—20	.....	.....	.....	.....	.....	26
21—24	.....	.....	.....	.....	.....	14
25—30	.....	.....	.....	.....	.....	23
31—34	.....	.....	.....	.....	.....	5
35—40	.....	.....	.....	.....	.....	3
41—44	.....	.....	.....	.....	.....	2
						—
						76
						==
1st baby	.....	.....	.....	.....	.....	42
2nd baby	.....	.....	.....	.....	.....	27
3rd baby	.....	.....	.....	.....	.....	3
4th baby	.....	.....	.....	.....	.....	2
6th baby	.....	.....	.....	.....	.....	1
Convalescence	.....	.....	.....	.....	.....	1
						—
						76
						==

DISCHARGES :

Home with baby	23
Situation with baby	2
Home from hospital	2
Placed in nursery	4
Placed for adoption	31
Convalescent—returned home	1
Babies stillborn	2
Mother to hostel with baby	1
Fostered out	4
To part III accommodation with baby	1
Discharged home before birth of baby	2
Absconded before birth of baby	2
Mother to situation, premature baby in hospital	1
	<hr/>
	76
	<hr/>

PRIVATE NURSING HOMES.

There are four private nursing homes in the county registered by the county council under the Public Health Act, 1936, two of these being situate in Hereford City.

These provide a total of 32 beds for chronic medical sick and 7 beds for maternity cases.

Report of Principal Dental Officer on Dental Treatment for Expectant and Nursing Mothers and Children under Five Years of Age.

The increased acceptance of conservative treatment reported last year has been maintained, though strenuous efforts have been necessary, particularly amongst those patients residing in rural areas. Domestic responsibilities and infrequent public transport render a visit to a dental surgery a matter of difficulty, with the result that emergency treatment only is pursued. Nevertheless, the policy of doing most conservations under local anaesthesia is very slowly breaking down the long standing resistance shown by some sections of the public to this aspect of dental surgery.

The high caries incidence observed amongst children under five shows no sign of reduction. Indeed occasionally we find a child of three requiring extraction of eight to ten teeth due to gross decay and sepsis. Little attention appears to be paid by some parents to advice given verbally and in pamphlets on the care of children's teeth. They seem incapable of realising that attention to simple methods of oral hygiene will very often avoid pain and suffering.

There has been no improvement in the staffing position during the year, as a result of which treatment is centred mainly on Hereford City clinic and to a lesser extent at Ross-on-Wye.

Those patients for whom minor oral surgery is necessary continue to be referred to the County Hospital, Hereford, where radiographic facilities are also provided.

- (a) No. of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—
 - (1) Senior Dental Officer 0.1
 - (2) Dental Officers 0.1
- (b) No. of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service 0.06
- (c) No. of dental clinics in operation at end of year 2
- (d) Total number of sessions (*i.e.*, equivalent complete half days) devoted to maternity and child welfare patients during the year 103
- (e) No. of dental technicians employed in the Local Health Authority's own laboratories at the end of the year —

DENTAL TREATMENT RETURN.
Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	135	131	102	97
Children under five	149	89	75	72

Forms of Dental Treatment provided.

	Scalings & gum treatment	Fillings.	Silver Nitrate Treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided		Radio-graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant & nursing mothers	11	142	—	—	550	7	47	24	6
Children under five	—	3	1	—	231	72	—	—	—

Puerperal Pyrexia.

1. Notifications during year 8
2. CAUSES.
 - (a) Uterine 2
 - (b) Extra-uterine 6
3. CONFINEMENTS.
 - (a) Delivered and isolated at home 3
 - (b) „ „ „ in hospital 4
 - (c) „ at home and removed to hospital 1
4. COURSES.

All these pyrexias responded to treatment satisfactorily without known spread of infection.

MIDWIFERY.

Notification of Intention to Practise.

		1955	1956
1. Domiciliary	(a) District nurse midwives	69	62
	(b) Independent	4	4
	(c) Midwives living in adjacent counties and taking occasional cases in Herefordshire	8	5
	(d) Practised in an emergency	—	—
		81	71
2. Institutions.	(e) Hospitals	21	18
	(f) Nursing homes	3	3
		24	21
Grand totals		105	92

Ante-Natal Care.

Home visits by midwives	9,784	10,414
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Home Confinements.

Midwifery	713	821
Maternity	91	65
	<hr/> 804	<hr/> 886

Total Midwifery nursing visits	16,692	17,634
Total visits to mothers discharged from hospital under 14 days	3,248	3,425

For the first time in several years domiciliary confinements showed an increase and time will prove whether this will be maintained. There is reason to believe that home confinements were encouraged in part by extension of housing programmes in rural as well as urban areas. Follow up visits to mothers discharged from hospital continued to increase in number.

Analgesia—Incidence.

	1955	1956
GAS AND AIR ANALGESIA	74%	72%
PETHIDINE (with or without gas and air)	64%	71%

This excludes mothers unsuitable on medical grounds, receiving other sedatives or analgesics, or labour too rapid for relief to be effective.

Trilene for administration by midwives was introduced during the year, and its use may be gradually extended.

Breast Feeding.

	1955	1956
Babies breast fed at 14 days	86%	83%

There was a slight decrease in the incidence of breast feeding although every effort is made by the midwife to introduce it and by the health visitor to maintain it.

Relaxation/Mothercraft Classes for Ante-Natal Mothers.

These were held weekly in centres at Hereford, Ross and Bromyard, and an additional weekly session at Hereford was necessary to meet the demand. It is hoped for further extension to other county areas in the near future so that every advantage may be taken of this most receptive audience for mothercraft teaching.

Staff Training.

One member of the supervisory staff attended a post graduate course in methods of teaching relaxation to ante-natal mothers.

Fourteen members of the staff attended post graduate courses for midwives.

Housing of District Nurses as at 31st December, 1956.

	<i>Houses.</i>	<i>Nurses.</i>
County Council owned houses	7	9
Flats rented by county council from rural district councils	2	2
House rented privately by county council and sub-let to Nurse	1	1
Houses rented by county council from rural district councils	4	6
Houses rented by nurses from rural district councils	5	7 and 1 Health Visitor
Houses rented by nurses from district nursing associations	2	3
Nurses in their own homes	18	20
Nurses in rooms	5	5
		<hr/> 53 and 1 Health Visitor

HEALTH VISITING.

	1955	1956
Staff attendance at welfare centres	1,094	1,091
„ Home visits (0-5 years)	48,670	48,844
„ „ „ (infectious diseases)	2,377	1,369
„ „ „ (tuberculosis)	1,467	1,327
„ „ „ (old persons)	3,527	3,204
„ „ „ (handicapped persons)	127	108

Health visitors have continued their efforts towards maintaining the welfare of families with emphasis on children and old persons.

Home visiting of handicapped persons has been extended to epileptics and a number of cases have been referred for special assistance or care.

Health education continues through infant welfare centres, women's meetings, youth clubs, old people's clubs, etc.

A central supply of visual aid material has been compiled available for loan to health visitors.

Staff Training.

One member of the staff completed the health visitors' training course and returned to service in the county.

In-Service Training.

Three health visitors attended post-graduate courses, an additional two attended short courses in connection with tuberculosis and old people's welfare.

In the county a two day study course was held in conjunction with the Central Council for Health Education and further staff education for all services was maintained through staff meetings and group meetings.

HOME NURSING.

	1955	1956
General nursing visits	60,058	59,067

During the year there was little change either in the amount or in the character of home nursing.

As might be expected the greater part of the nurses' services was claimed by elderly people needing nursing care in their own homes.

Within their respective districts all nurses carry out every type of nursing care including sick children. It is found that in this predominantly rural county that it is impracticable to apply any special scheme to a particular group of patients.

Staff Training.

One member of the staff completed district training through the Queen's Institute of District Nursing and returned for service in the county.

Nine district training students from Worcester were given rural experience, each for three days.

SURVEY—HOME NURSING.

Cases in order of frequency, main categories :—

		<i>No. of visits paid.</i>
Special visits. —Antibiotic injections (penicillin, etc.)	697	3,694
OVER 65 YEARS, long term care	445	13,399
Adult (16-65 yrs.) medical and chronic sick	442	6,164
OVER 65 YEARS, acute illness and short term care	418	5,555
Adult (16-65 yrs.) Surgical	380	3,362
Sick children (under 5 years)	297	1,416
Injections (cardiac, anti-anaemia, etc.)	263	4,312
Sick children (5-15 years)	235	1,132
Post-hospital nursing care (excluding midwifery)	146	3,350
Insulin injections	75	9,352
Women patients for special care	69	376
Streptomycin injections	43	1,321
Sedative injections (morphia, etc.)	19	516
Tuberculosis (general care)	3	22

From above, main categories, grouped :—

Special visits to give injections	1,097	19,195
Old people (over 65 years)	863	18,954
Sick children (0-15 years)	532	2,548
Adult (16-65 years) medical	442	6,164
Adult (16-65 years) surgical	380	3,362
Post-hospital care	146	3,350

All figures refer to actual nursing care and exclude visits of observation or supervision.

Treatment by injection continues to be numerically the most frequent type of nursing care, but in terms of time spent in nursing, care of the elderly in their own homes far outweighs any other group. Much of this is long term care and includes attention to bodily cleanliness, care of feet and general welfare of infirm old people not otherwise suffering from any specific illness.

The number of nursing visits to sick children does not include advisory visits to mothers undertaking nursing care themselves which, in the case of children, is often more acceptable.

There was little change in the number of nursing visits paid to patients discharged from hospital and referred by almoners or other hospital staff for continuation of nursing treatment.

For the tuberculous the main form of nursing care was the giving of streptomycin injections. In this connection one nurse after prolonged contact developed signs of allergy which subsided in due course on ceasing contact. Very little general nursing care was required for the tuberculous which may have been due to relatives undertaking care, early admission to sanatorium, or less emphasis on complete bed rest?

IMMUNISATION AND VACCINATION.

The county council, as local health authority, is responsible for the organisation of a scheme in connection with diphtheria immunisation, whooping cough immunisation and smallpox vaccination for the whole county, including the City of Hereford, under section 26 of the National Health Service Act, 1946.

Diphtheria Immunisation.

During 1956, a total of 1,651 children under 15 years of age were primarily immunised, and 2,365 children were given a single reinforcing injection. Immunisation was carried out as follows :—

	<i>Children aged :</i>		<i>Total</i>	<i>Reinforcing injections</i>
	<i>Under 5</i>	<i>5—14</i>		
At infant welfare centres	351	3	354	5
At school medical inspections	12	349	361	2,223
By general practitioners	905	31	936	137
Total immunisations, 1956	1,268	383	1,651	2,365
Comparative figures, 1955	1,312	546	1,858	1,588

The policy of offering treatment at the time of the school medical inspections, on the child's admission to school at five years of age and again on reaching the age of nine years, has continued with success. During the period under review, immunisation was offered in respect of pupils in these age groups at 160 maintained and 6 private schools ; 3,491 notices were forwarded to parents, resulting in the primary immunisation of 361 children and the administration of 2,223 reinforcing injections, an acceptance rate of 74%.

There were no notifications of diphtheria occurring in children under 15 years of age, and no deaths from diphtheria during the year.

The following table is of interest. It shows the progress of diphtheria immunisation in the county for the past 10 years. Figures are in respect of children under 15 years of age at the 31st December in any year :—

<i>Year</i>	<i>Cases notified</i>	<i>Deaths from diphtheria</i>	<i>Under 15 population</i>	<i>Number immunised</i>	<i>Percentage immunised</i>
1947	13	1	27,280	17,549	64
1948	3	Nil.	28,627	18,143	63
1949	1	Nil.	28,910	19,886	69
1950	Nil.	Nil.	29,250	20,452	70
1951	2	Nil.	29,310	21,650	73
1952	Nil.	Nil.	29,700	21,705	73
1953	Nil.	Nil.	30,100	22,198	74
1954	Nil.	Nil.	30,500	22,757	75
1955	Nil.	Nil.	30,500	23,254	76
1956	Nil.	Nil.	30,800	23,755	77

Whooping Cough Immunisation.

The scheme for the immunisation of children against whooping cough came into operation on 1st January, 1954, and is restricted to children under 5 years of age for the time being. Suspended whooping cough vaccine is issued free of charge to general medical practitioners, and payment made at the agreed rate for the receipt of a completed record card. Services are also provided at all clinics and infant welfare centres in the area. During the year, a total of 1,124 children were immunised as follows :—

	<i>Children aged :—</i>		<i>Total</i>
	<i>Under 1</i>	<i>1—4</i>	
At infant welfare centres	286	89	375
By general practitioners	369	380	749
Total immunisations, 1956	655	469	1,124
Comparative figures, 1955	559	477	1,036

There were 124 notifications of whooping cough occurring in children under 5 years of age during 1956, as compared with 112 during 1955. Of these, 9 children were ascertained to have previously received injections of a combined diphtheria-whooping cough vaccine, and 8 children had been immunised with suspended whooping cough vaccine.

The following table shows the number of persons vaccinated (or re-vaccinated) during the past 5 years, based on record cards received :—

<i>Age at date of vaccination :</i>	<i>Under 1</i>	<i>1</i>	<i>2—4</i>	<i>5—14</i>	<i>15 or over</i>	<i>Total</i>
Number vaccinated 1956	927	37	33	55	74	1,126
„ „ 1955	928	31	34	19	72	1,084
„ „ 1954	834	34	33	31	62	994
„ „ 1953	890	41	33	39	78	1,081
„ „ 1952	765	25	24	24	82	920
Number re-vaccinated 1956	—	1	13	97	198	309
„ „ 1955	—	1	14	35	199	249
„ „ 1954	—	—	11	15	144	170
„ „ 1953	—	1	4	16	220	241
„ „ 1952	—	—	5	33	224	262

No cases were specially reported during the year of (a) generalised vaccinia and (b) post-vaccinal encephalomyelitis, and no deaths from complication of vaccination.

PROTECTION AGAINST POLIOMYELITIS

A vaccine has now been developed that is believed to confer a degree of protection against paralytic poliomyelitis. It has been tested for safety by the Medical Research Council and approved by the Ministry of Health.

Children chosen for vaccination were those born between 1947 and 1954 inclusive, and the parents of these were advised of the local arrangements. A record of all children whose parents desired vaccination was sent to the Ministry of Health.

CHILDREN REGISTERED FOR VACCINATION.

<i>Year of birth</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1947	456	441	897
1948	472	409	881
1949	437	412	849
1950	386	358	744
1951	282	261	543
1952	257	239	496
1953	263	240	503
1954	227	198	425
Total	2780	2558	5338

On the instructions of the Ministry of Health children born in November in each of the years 1947 to 1954 and March in each of the years 1951 to 1954 were called for vaccination in May and June. Vaccine left over was used to vaccinate some of the children born in August 1947 to 1954.

A further small issue of vaccine was made in December to complete the vaccination of those children who had only one injection before the end of June, and a few more children were given first injections.

CHILDREN VACCINATED DURING THE YEAR.

<i>Year birth</i>	<i>Two injections</i>			<i>One injection</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1947	46	38	84	—	—	—
1948	39	43	82	—	—	—
1949	32	32	64	—	1	1
1950	24	22	46	—	—	—
1951	27	42	69	6	1	7
1952	50	41	91	2*	5	7
1953	50	42	92	—	—	—
1954	30	39	69	2	—	2
Total	298	299	597	10	7	17

* Includes one child who left to Canada before the 2nd injection could be given.

It is hoped that regular supplies of vaccine will become available from the middle of January, 1957. Children who have received only one injection will then receive their second injection and the remaining registered children will be vaccinated. General practitioners are being invited to take part in the arrangements and vaccinate those children who are their patients subject of course to the parents wishing them to do so.

The offer of vaccination to children other than those already registered depends upon the production of larger quantities of vaccine. The Ministry of Health hope that this will be possible later in 1957 but no more precise indication can at present be given.

AMBULANCE SERVICE.

It will be seen from table "A" that the mileage and patients carried figures for the year again show an increase over the preceding year. The rise, however, is not so great as during the past few years, but this factor does not in itself give any conclusive evidence to indicate that a peak has been reached. Had it not been for radio-telephony, which was really working for the first time for a full year within the county, the mileage figure might well have been very much higher, since it is known that on a number of occasions the use of radio was a means of effecting a real saving of time and mileage. The question of any economy including a saving on "dead" mileage as a result of radio, will need to be considered fully at a later date, since it has not been in use sufficiently long to justify any firm conclusion. In this respect, ten vehicles are now equipped with radio and until all vehicles have the same facilities problems are contemplated regarding the saving of mileage. It is also pointed out that for the time being it is not proposed that all vehicles should be in constant radio contact with the Hereford station, the reason, of course, being that some sub-stations are not fully staffed at all times, and expensive equipment would be lying idle for a great amount of time.

In tables "B", "C" and "D", full details are given of mileages, patients carried and journeys undertaken by each station. As regards these tables, particular attention is drawn to the position of the Leintwardine and Pontrilas sub-stations, where recommendations have been put forward that they should be closed.

The practice of transporting patients whenever possible by rail has continued with the full co-operation of the railway authorities. During the year 158 patients were removed by this method and an approximate saving of 19,978 road miles was effected.

The functions of the Joint Ambulance Committee, consisting of representatives of the St. John Ambulance Brigade, British Red Cross Society and the County Health Committee, are now principally concerned with the fostering of recruitment and co-operation of volunteers. In this connection, all members have continued to work extremely hard throughout the year, and their efforts, which involve a great deal of free time, are very much appreciated.

All whole-time staff, comprised as follows, are direct employees of the county council and regarded as members of the staff of the county health department :—

Hereford : County Ambulance Officer
 3 Clerks
 1 Night telephonist
 2 Senior driver/attendants
 10 Driver/Attendants
 * 2 Attendants (male) (1 temporary)
 2 Mechanics
 1 Garage assistant (temporary)

Ross-on-Wye : 3 driver/attendants (1 temporary)

The whole-time paid drivers and attendants are provided with a county uniform.

- * Early in the new year the permanent whole-time male attendant will be promoted, on reaching the required driving standard, to the position of driver/attendant, and the temporary attendant will cease to be employed on the return to duty of a driver/attendant who has been on sick leave.

The operational vehicle strength at 31st December, 1956, was as follows :—

Station.	Ambulances	Utilicons
Hereford	5	3
Ross-on-Wye	1	1
Leominster	1	—
Kington	1	—
Ledbury	1	—
Bromyard	1	—
Leintwardine	—	—
Pontrilas	—	1
Totals	10	5

Recommendations are being made that in the financial year 1957/58 the operational fleet of vehicles be strengthened by the purchase, as replacements, of 2 major ambulances and 1 ambulance utilicon.

Table "A".

<i>Year</i>	<i>Full-time drivers</i>	<i>Annual mileage</i>	<i>Patients carried</i>
1951	8	147,242	8,201
1952	9	171,142	10,535
1953	10	189,425	12,481
1954	13	206,455	15,389
1955	14	238,291	22,842
1956	15	240,260	24,495

TABLE "B" — ANALYSIS OF MILEAGE.

STATION.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Hereford	15434	14131	13377	14084	15189	12709	12969	14296	13346	14906	13294	12287	166022
Ross-on-Wye	3275	3074	2936	2399	2546	3238	2784	2181	3048	3428	3116	2246	34271
Leominster	1237	1167	1367	1418	1252	1200	1263	1628	1271	1646	1235	859	15543
Kington	437	757	558	456	265	271	227	336	231	487	198	185	4408
Ledbury	599	517	409	399	435	453	498	243	458	268	128	322	4729
Bromyard	1350	1118	1254	776	946	1298	897	987	681	874	1178	838	12197
Leintwardine	—	—	—	319	72	258	—	—	—	—	—	—	649
Pontrilas	—	—	—	—	—	204	24	128	469	611	495	510	2441
	22332	20764	19901	19851	20705	19631	18662	19799	19504	22220	19644	17247	240260

TABLE "C" — ANALYSIS OF PATIENTS CARRIED.

STATION.	<i>Stretcher</i>	<i>Sitting</i>	<i>Total</i>	<i>Removals</i>	<i>Urgent Removals</i>	<i>Maternity</i>	<i>Accident</i>	<i>Infectious Disease</i>	<i>Mental</i>	<i>Total</i>
Hereford	3178	17745	20923	19898	295	298	349	24	59	20923
Ross-on-Wye	473	1408	1881	1790	9	30	45	5	2	1881
Leominster	300	385	685	583	42	14	41	2	3	685
Kington	85	50	135	116	3	5	6	—	5	135
Ledbury	132	146	278	242	5	3	27	—	1	278
Bromyard	227	260	487	465	13	7	2	—	—	487
Leintwardine	6	3	9	9	—	—	—	—	—	9
Pontrilas	14	83	97	93	1	—	3	—	—	97
	4415	20080	24495	23196	368	357	473	31	70	24495

TABLE "D" — ANALYSIS OF JOURNEYS.

STATION.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Hereford	753	624	684	510	555	595	390	547	564	764	584	555	7125
Ross-on-Wye	79	80	85	71	73	76	75	69	87	93	73	70	931
Leominster	28	30	37	40	33	35	35	44	32	37	36	28	415
Kington	14	17	14	11	6	8	6	10	8	10	5	7	116
Ledbury	25	20	16	18	24	15	22	15	18	16	10	18	217
Bromyard	29	30	33	19	24	32	26	26	18	23	27	23	310
Leintwardine	—	—	—	4	1	4	—	—	—	—	—	—	9
Pontrilas	—	—	—	—	—	6	1	5	13	18	14	13	70
	928	801	869	673	716	771	555	716	740	961	749	714	9293

HOSPITAL CAR SERVICE.

The Hospital Car Service Committee have continued throughout the year to operate a most efficient service and, bearing in mind the need for economy, the County Health Committee very much appreciate the support and co-operation of all concerned.

It is true to say that difficulties have from time to time arisen owing to the shortage of volunteers in some areas of the county, and in this respect every endeavour has been made to remedy the position, since by this means of transport many suitable patients can be carried and thus alleviate demands on the ambulance service.

	<i>Mileage</i>	<i>Journeys</i>	<i>Patients carried</i>
January	7,656	293	378
February	6,692	266	337
March	8,996	345	444
April	8,248	312	378
May	8,109	270	376
June	7,762	263	363
July	8,285	296	386
August	6,852	289	337
September	6,404	284	316
October	6,943	305	396
November	9,412	357	451
December	8,078	323	384
TOTALS	93,437	3,603	4,546

TUBERCULOSIS.

PRIMARY NOTIFICATIONS.

	1951				1952				1953				1954				1955				1956			
	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T
Pulmonary	73	48	23	144	50	30	22	102	54	23	14	91	40	35	6	81	38	33	10	81	37	19	7	63
Non-pulmonary	8	14	13	35	8	6	6	20	4	9	6	19	5	5	3	13	2	6	9	17	9	6	5	20
Totals	179				122				110				94				98				83			

NO. OF DEFINITE CASES ON CLINIC REGISTER.

	1951				1952				1953				1954				1955				1956			
	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T
Pulmonary	333	279	103	715	346	299	106	751	368	307	95	770	386	303	84	773	407	315	69	791	405	315	62	782
Non-pulmonary	47	72	81	200	43	76	77	196	51	74	74	199	52	71	63	186	49	71	50	170	50	61	51	162
Totals	915				947				969				959				961				944			

DEATHS.

	1951				1952				1953				1954				1955				1956			
	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T
Pulmonary	19	9	1	29	12	5	—	17	15	7	—	22	10	7	—	17	11	2	—	13	9	2	—	11
Non-pulmonary	5	—	3	8	4	1	1	6	—	—	2	2	1	—	—	1	1	1	—	2	—	2	1	3
Totals	37				23				24				18				15				14			

TUBERCULOSIS MORTALITY. DEATH RATE PER 1,000 POPULATION.

	RESPIRATORY		NON-RESPIRATORY		TOTAL	
	County	Eng. & Wales	County	Eng. & Wales	County	Eng. & Wales
1951	.229	.274	.065	.04	.293	.31
1952	.134	.212	.047	.028	.182	.24
1953	.172	.179	.016	.22	.188	.20
1954	.134	.159	.008	.019	.142	.18
1955	.102	.131	.017	.015	.118	.146
1956	.086	.109	.023	.012	.109	.121

New contacts examined during the past years are as follows :—

1951	1952	1953	1954	1955	1956
209	254	211	313	333	307

Chief Physician's Report on Tuberculosis, 1956.

The chief difficulty in eradicating tuberculosis from a community is the chronic lung case particularly if elderly and not sufficiently ill to be prevented from mixing with other people. Such a case is more commonly male and the cough and expectoration are often passed off as due to smoking or bronchitis. He may live for a long time, and may resist attempts to diagnose his condition. If

undiagnosed he is a serious danger. If diagnosed he may or not make real efforts to avoid infecting others, but there is at least a chance of rendering him safe to his associates either by treatment, or, if this fails, by convincing him that he is infectious and that he must take pains to keep his infection to himself. In the elderly, however intelligent, this conviction is not always easily achieved.

Younger persons usually become obviously ill and in need of admission to hospital before they have had so much time to broadcast their infection, and they are more readily curable. Nevertheless the essence of prevention of tuberculosis lies in early diagnosis supported by a decent and healthy standard of living and the persevering efforts of the health service to reduce the existing reservoir of infection. The above tables indicate that, though the incidence of tuberculosis has shown a steady, if unspectacular, decline in the past few years, the disease is not yet under satisfactory control, nor is it likely to die out completely in the next few years.

The following additional figures give a brief outline of the work of the chest clinic principally as it pertains to the fields of prevention and care :—

Total attendances	.....	.....	.....	.....	3,970
First attendances	.....	.....	.....	.....	525
First attendances (contacts)	.....	.....	.....	.....	307
B.C.G. Vaccination—					
Child contacts tested	.....	.....	.....	.....	153
„ „ vaccinated	.....	.....	.....	.....	148

In addition other cases have been introduced to the department either by home visits or from hospital wards.

Mention should be made of the valuable help given by the health visitors throughout the county, by the after-care welfare officer, and by other persons and bodies sympathetic to the needs of the patients, their families and their contacts.

CONVALESCENCE.

Patients are recommended for short periods of recuperative convalescence under Section 28 of the National Health Service Act, 1946, by general medical practitioners, house surgeons of hospitals and medical officers of the local health authority. Only those persons who do not require medical or nursing care, but merely rest, change of air and good food, are accepted under the scheme. Patients are assessed on their family income and expenditure and are expected to contribute towards the total cost of the service in accordance with their means.

During 1956, a total of 50 persons proceeded to convalescent homes for periods ranging from one to ten weeks : 3 girls, 4 boys, 21 adult females and 22 adult males.

Members of the Women's Voluntary Service and British Red Cross Society have given valuable assistance, where required, in escorting children and some adult patients to and from convalescent homes.

HOME HELP SERVICE.

During 1956 the following cases were dealt with :—

(a)	Maternity	.....	.....	.....	78
(b)	Tuberculosis	.....	.....	.....	10
(c)	Chronic sick, including				
	aged and infirm	.....	.....	.....	201
(d)	Others	.....	.....	.....	63
					<hr/>
					352
					<hr/>

Each case has been supported by the certificate of a medical practitioner or midwife. There are now the equivalent of 55 whole-time home-helps in the service.

HEALTH OF CHILDREN.

In Ministry of Health circular 27/54 attention is drawn to the bad effects on the health, especially the mental health, of children which follow the break up of the family. During the past year the domiciliary services have continued to develop their help to assist in keeping the family together.

Although perhaps the most important worker in this field is the health visitor who, by reason of her close contact with families with young children, is in a privileged position, nevertheless much really good work has been accomplished by other social workers.

For several years now regular meetings have taken place of a co-ordinating committee, with the County Medical Officer as chairman. These meetings, held monthly, have been well attended by officers of the various organisations concerned with the possible neglect of children in their own homes. The cases considered have been special problems of their own, and each family has been dealt with as a particular difficulty which required a particular solution. Sometimes this solution was obvious and could be dealt with by forthright measures ; at other times things were far more complex, and it was only after fairly prolonged discussion that the best suggestion for a solution was forthcoming. Our aim has been to help the children by removing the cause of the trouble, but at the same time doing everything possible to avoid the break up of the home.

Even in spite of perseverance and close supervision by the social workers, some cases are almost hopeless and become problem families, which are cared for by the problem family welfare officer. At this stage the families are a nuisance to themselves and to their neighbours. They also make increasing demands on various government departments and voluntary agencies. I note in passing that the Herefordshire County Council first appointed a problem family welfare officer so long ago as 1949. Although her appointment at that time was looked upon as being of rather an experimental nature, experience has shown how very wise the making of such an appointment has been. It is important that the efforts of the problem family welfare officer should not be dissipated over too large a number of families, so it has been left to the superintendent nursing officer to decide if new cases should be accepted, and when established cases should be withdrawn. It has been interesting to see how cases have developed after their original appraisal at the beginning of the year of 36 cases ; these seemed to form naturally into three groups :—

- (a) Where possible child neglect might be arrested with timely help—20
- (b) Bad housing mainly responsible, but also domestic and financial troubles—11
- (c) Short term attention in connection with threatened evictions—5

The activities of the problem family welfare officer have been greatly helped by the Women's Voluntary Service and the Salvation Army.

MENTAL HEALTH.

Administration.

The duties and responsibilities of the County Health Committee, in respect of the mental health services, continue to be carried out by the Mental Health Sub-Committee.

Staff.

The medical staff undertake the ascertainment of mental defectives and are authorised to furnish reports and certificates required by the Mental Deficiency Acts. Specialist advice is readily obtainable through the Regional Hospital Board in respect of particularly difficult cases.

The mental deficiency organiser and the two mental deficiency welfare officers are responsible for the supervision of defectives in their homes, their training and occupation, and also for the supervision of licensed cases.

Action under the Lunacy and Mental Treatment Acts for the reception into hospital of persons who are mentally ill, continues to be the legal responsibility of the duly authorised officers.

Work undertaken in the Community.

(PREVENTION, CARE AND AFTER-CARE).

The prevention of mental illness continues to be of primary importance and although some patients and their families postpone seeking advice until forced to do so, the fact that some success is being achieved in this respect is indicated in the statistics shown. Of 220 cases referred during the year, 42, or almost 20 per cent., were dealt with satisfactorily without recourse to action under the Lunacy and Mental Treatment Acts. Preventive medical treatment is provided by the Regional Hospital Board through three psychiatric clinics with which the duly authorised officers work in close co-operation.

There has been an increase of 11 per cent. over 1955 in the number of patients admitted by the duly authorised officers, those admitted voluntarily continuing to constitute the highest proportion. It is a matter for regret, however, that the number of certified cases has also increased, particularly as in this class 66 per cent. were between 60 and 90 years of age. This again underlines the continued difficulty in finding suitable accommodation for the elderly senile cases.

Initial after-care visits were made during the year at the request of out-county mental hospitals and follow-up visits were continued where necessary. These visits were welcomed and appeared to be of material help to the patients concerned.

Protection of Patient's Property.

(Section 1 Lunacy Act, 1908 and Section 48 National Assistance Act, 1948).

During the year enquiries were made with regard to the property of 4 patients following their admission to the mental hospital, inventories being taken and referred to the County Welfare Officer for further protective action in 3 of the cases concerned.

Lunacy and Mental Treatment.

In the table below, particulars are given of the action taken by the duly authorised officers with regard to the reception of patients into Burghill and Holme Lacy Hospital for treatment during the year—(N.B.—2 patients were admitted to Powick Hospital, near Worcester) :—

AGE GROUP.	MALES.						FEMALES					
	Vol.	Temp.	Cert.	3 Day Order	14 Day Order	Total	Vol.	Temp.	Cert.	3 Day Order	14 Day Order	Total
10—20	1	—	—	2	—	3	—	—	—	—	1	1
21—30	4	—	2	2	4	12	4	—	1	2	4	11
31—40	3	—	2	7	—	12	6	—	3	5	2	16
41—50	7	—	—	2	2	11	6	—	1	1	2	10
51—60	5	—	—	1	2	8	5	—	8	—	1	14
61—70	5	—	2	5	2	14	6	—	3	2	2	13
71—80	7	—	5	—	2	14	4	—	9	2	7	22
81—90	1	—	5	—	1	7	—	1	8	—	1	10
Total	33	—	16	19	13	81	31	1	33	12	20	97

Note.—In addition, approximately 42 further investigations were made during the year, but after careful enquiry by the duly authorised officers, were satisfactorily concluded without recourse to action under the Lunacy and Mental Treatment Acts.

Of the 64 patients dealt with under 3-day and 14-day Orders—

- 9 patients departed after initial treatment ;
- 26 became voluntary patients and departed before the end of the year ;
- * 10 were certified ;
- 4 died ;
- 15 remained under treatment at the end of the year.

Of the 64 voluntary patients received into hospital—

- 41 departed after treatment ;
- * 3 were certified ;
- Nil died ;
- 20 remained under treatment at the end of the year.

Of the 50 patients detained under Summary Reception and Temporary Orders (including those marked *)—

- 6 certified patients were discharged ;
- 9 „ „ died ;
- 34 „ „ were under treatment at the end of the year ;
- 1 Temporary patient was discharged ;
- Nil died.

MENTAL DEFICIENCY ACTS, 1913-38.

Ascertainment.

21 cases were ascertained during 1956, and at the end of the year 21 defectives were awaiting vacancies in institutions.

Supervision.

The number of cases under supervision by the mental deficiency organiser and the mental deficiency welfare officers on 31st December, 1956, were as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Statutory supervision	157	149	306
Voluntary supervision	19	19	38
Licence	2	6	8
Out-county cases	1	2	3

Training.

During the period under review 25 defectives were attending the half-day weekly classes at Hereford, Ledbury and Ross-on-Wye, and 12 were receiving instruction in their own homes. At the end of the year 26 children were in attendance at Barrs Court Centre and this number will again gradually be increased to 30. When this number is reached, there will be a waiting list of 6. The majority of the children and staff from the centre spent an enjoyable week's holiday at Burnham-on-Sea during the summer vacation.

Certification.

Cases certified during the year were as follows :—

Admitted to :—	<i>Males</i>	<i>Females</i>
Alton Street Hospital, Ross-on-Wye	—	1
Burton Road Hospital, Dudley	1	—
Monyhull Hall Hospital, Kings Heath, Birmingham	1	1
St. Margaret's Hospital, Gt. Barr Park, Birmingham	2	—

Short Term Care.

During the year, urgent cases were accommodated temporarily, as follows :—

Admitted to :—	<i>Males</i>	<i>Females</i>	<i>Period</i>
Alton Street Hospital, Ross-on-Wye	—	1	2 weeks 3 days
Lea Colony, Bromsgrove	—	1	2 weeks
Monyhull Hall Hospital, Kings Heath, Birmingham	—	1	7 weeks
St. Margaret's Hospital, Gt. Barr, Birmingham	1	—	11 weeks
St. Margaret's Hospital, Gt. Barr, Birmingham	—	1	4 weeks 1 day
Foster parents' homes:	—	1	2 weeks 4 days
" "	—	1	2 weeks
" "	—	1	4 weeks 6 days

BARRS COURT CENTRE.

This occupation centre for 30 mentally defective children, of the age range of 5-16 years, has now been in constant use for a period of two years, and it is fair to say that with a very capable supervisor and well balanced staff much good work is being done.

An extremely active parent/teacher association is also in being and large sums of money have been raised to assist in such projects as purchase of additional recreational equipment, Christmas party and summer camp. The association are also at present engaged in having a film made on the day-to-day running of the centre. The idea should prove to be most interesting and it is felt that by this means many members of the general public can be made aware of what can, and is being done for these children.

In passing, it is hoped that the authority will seriously consider during the coming year the possibility of establishing an industrial centre for the training of adult defectives. Such a development would mean that the children from Barrs Court Centre could automatically transfer to the industrial centre on attaining the age of 16 years, and thus benefit from continuity of training. At the present time it is possible for a child to leave Barrs Court Centre and quickly deteriorate, with a resultant waste of all the good work carried out.

BLIND AND PARTIALLY-SIGHTED PERSONS.

The County Welfare Officer maintains the registers of blind and partially-sighted persons and is responsible for the provision of welfare services. Three home teachers and one all-purposes welfare officer carry out regular visiting in the homes and teach Braille, Moon, and other embossed literature and handicrafts where possible. These officers are also responsible for the organisation of social activities such as clubs and outings in co-operation with the Herefordshire County Association for the Blind.

Fifty persons were certified as blind during 1956 and at the 31st December the total on the register was 349.

The chief causes of blindness are shown to be :—

Cataract 66 ; Trauma 28 ; Glaucoma 35 ; Cataract and other causes 25 ; Congenital hereditary and developmental defects 24 ; Myopic error 17 ; Glaucoma and other causes 23.

The following table shows age of onset of blindness.

Under 1 year	.....	25	21-30 years	.....	10
1-4 years	.....	3	31-39 years	.....	10
5-10 years	.....	4	40-49 years	.....	21
11-15 years	.....	3	50-65 years	.....	65
16-20 years	.....	5	65 and over	.....	160
			Unknown	.....	43

Of the new cases in 1956, the age of onset of blindness was as follows :—

Under 1 year	.....	3	21-30 years	.....	—
1-4 years	.....	—	31-39 years	.....	—
5-10 years	.....	—	40-49 years	.....	1
11-15 years	.....	—	50-65 years	.....	5
16-20 years	.....	1	65 and over	.....	40
			Unknown	.....	—

The causes of blindness of these cases were :—

Cataract	.....	10	Trauma	.....	1
Glaucoma	.....	5	Macular degeneration	.....	4
Diabetes	.....	4	Myopic error	.....	2
Cataract and other causes	.....	7	Keratitis	.....	2
Retrolental fibroplasia	.....	1	Other causes	.....	10
Glaucoma and other causes	.....	4			

Of the cases involving cataract eight were over 70 years of age, and of the glaucoma cases four were over 70.

Seventy-one persons were registered as partially sighted at the end of 1956, of whom twenty-eight were regarded as prospective blind, thirteen industrially handicapped, and sixteen requiring observation only. The remainder were children.

One case was admitted to the blind register because of deterioration of vision and two were de-certified because of improved visual acuity.

The main causes of defective vision are as follows :—

Cataract 18 ; Myopic error 8 ; Congenital hereditary and developmental defects 9 ; Vascular diseases 9 ; Cataract and other causes 3 ; Glaucoma and other causes 3.

During the year eight new cases were certified in the following age groups :—

5-15 years	.....	2	50-64 years	.....	1
16-20 years	.....	—	65 and over	.....	5
21-49 years	.....	—		

The causes of defective sight of these were as follows :—

Cataract 2 ; Glaucoma 1 ; Other causes 5.

All cases involving cataract and glaucoma were over 65 years of age.

Treatment of cases is carried out for the most part at the Victoria Eye Hospital, Hereford, but a few patients also attend hospitals at Worcester and Gloucester. The co-operation between the Welfare Department and the hospital is very close and every endeavour is made to persuade patients to avail themselves of the treatment recommended.

A. Follow-up of Registered Blind and Partially-Sighted Persons.

(i) Number of cases registered during the year in respect of which Section F. of Forms B.D.8 recommends	<i>Cause of Disability.</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental fibroplasia</i>	<i>Others</i>
(a) No treatment	2	1	1	13
(b) Treatment (medical, surgical or optical)	17	9	—	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	9	6	—	12

B. Ophthalmia neonatorum.

(i) Total number of cases notified during the year	<i>Nil</i>
(ii) Number of cases which :—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

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